Washington State
Health Care Authority

Public Employees Benefits Board

January 16, 2007 Meeting

Washington State Health Care Authority

PEBB Board Meeting

January 16, 2007
1:00-3:00 p.m.
Health Care Authority, Center Conference Room
676 Woodland Square Loop SE
Lacey, Washington
Conference call dial in: 360-709-4803, pin 529804#

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Washington State Health Care Authority

PEBB Board Members

Name	Representing
Steve Hill, Administrator Health Care Authority 676 Woodland Square Loop SE PO Box 42700 Olympia WA 98504-2700 V 360-923-2828 steve.hill@hca.wa.gov	Chair
Greg Devereux, Executive Director Washington Federation of State Employees 1212 Jefferson Street, Suite 300 Olympia WA 98501 V 360-352-7603 greg@wfse.org	State Employees
Lee Ann Prielipp 29322 6th Avenue Southwest Federal Way WA 98023 V 253-839-9753 leeannwa@comcast.net	K-12 Retirees
Robert Porterfield 10423 – 65th Avenue South Seattle WA 98178 V 206-722-8194 robertporterfield@comcast.net	State Retirees
Dr. Penny Palmer 123 East Indiana Spokane WA 99207 V 509-389-4229 pennypalmer@msn.com	Benefits Management/Cost Containment
Eva Santos, Director Department of Personnel PO Box 47500 Olympia WA 98504-7500 V 360-664-6350 evas@dop.wa.gov	Benefits Management/Cost Containment

Washington State Health Care Authority

PEBB Board Members

Name	Representing
Christine Sargo* Sedro Woolley School District 23631 Lake Street PO Box 128 Clear Lake WA 98235 V 360-855-3530 csargo@swsd.k12.wa.us	K-12
Margaret T. Stanley Executive Director Puget Sound Health Alliance 2003 Western Ave, Suite 600 Seattle WA 98121 V 206-448-2570 mtstanley@pugetsoundhealthalliance.org	Benefits Management/Cost Containment
Yvonne Tate, Director* Human Resources City of Bellevue PO Box 90012 Bellevue WA 98009-9012 V 425-452-4066 ytate@ci.bellevue.wa.us	Benefits Management/Cost Containment

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*non voting members

Washington State Health Care Authority

D*R*A*F*T
Public Employees Benefits Board
Meeting Minutes

August 23, 2006
Health Care Authority
676 Woodland Square Loop SE
Lacey, WA
1:00 p.m.

Members Present

Steve Hill
Greg Devereux
Dr. Penny Palmer
Robert Porterfield
Lee Ann Prielipp
Eva Santos
Christine Sargo
Margaret Stanley
Yvonne Tate

Call to Order

Steve Hill, Chair, called the meeting to order at 1:00 p.m. Sufficient members were present to allow a quorum.

Approval of July 26, 2006, PEBB Meeting Minutes

It was moved, seconded, and carried to approve the July 26, 2006, PEBB Board meeting minutes.

Bariatric Surgery Benefit Reconsideration

The motion to consider adding bariatric surgery coverage to PEBB benefits was defeated at the July 26, 2006, PEBB Meeting by a four-to-three vote. Ms. Stanley, who voted against the motion at that meeting, requested a reconsideration of the decision. The motion was made, seconded, and passed to reconsider the bariatric surgery benefit coverage decision.

Chair Hill asked that the board reconsider the decision only in the context of the materials previously presented and already bid by the plans. Ms. Stanley advised that subsequent to the July 26, 2006, meeting, she was able to conduct research and have conversations about bariatric surgery with subject matter experts.

A motioned was made and seconded to provide evidence-based coverage for bariatric surgery through Group Health, Kaiser, Regence, and UMP. The motion passed. Ms. Stanley asked staff to present to the board the evidence-based protocols that have been prepared for each of the plans to use. Mr. Speight said it will be made available and that one of the requirements for plans and providers performing the procedures for PEBB members is reporting to the Surgical Clinical Outcomes Assessment Project (SCOAP). He said SCOAP has an ongoing

outcomes database they are monitoring for bariatric surgery, and that PEBB will participate and provide data.

It was moved and seconded that the board adopt employee premiums that include enhanced coverage for evidence based bariatric surgery. The motion passed.

The meeting was adjourned.

Respectfully submitted,

Steve Hill, Chair

Washington State Health Care Authority

Public Employees Benefits Board Commitment to Open Communication

Statement of Commitment

As a public entity appointed by the Governor, the Public Employee Benefits Board actively seeks input from the public at large, and particularly from the more than 300,000 Washington residents for whom we determine benefits and program eligibility.

The Board encourages input from enrollees and the general public in the form of letters, emails, and other means of communication. In addition, the Board sets aside time during its meetings to receive public input. At all times, and in all means of communication, the Board is committed to maintaining open and respectful interaction with the public and with PEBB enrollees.

Processes for Receiving and Responding to Public Comment

Public Meetings	A period for public input is set generally at the end of the agenda. Unless a public hearing is on the agenda, or the chair deems it appropriate to seek public input on a particular topic to be discussed, public testimony is not taken on agenda items. The chair has authority to limit the amount of time each person can speak, based on time available and the number of people wishing to speak. While reiterating the Board's commitment to the state's open meetings law, the chair should also encourage the public to address their concerns in writing due to the complexity of issues handled by the Board.
Letters to the Board	Letters directed to the Board for input on benefits and eligibility are shared with the Board in their meeting packets, along with responding correspondence from HCA staff. Letters asking questions or seeking clarification, along with the answers from HCA staff, are also shared with the Board.
Emails to the Board	Emails that come in through the HCA Web site are triaged to agency staff. Frequently, due to lack of understanding about the HCA's structure, emails addressed to the Board do not pertain to the Board's sphere of influence. Any emails dealing with input or questions about benefits and eligibility will be shared with the Board, along with corresponding answers from HCA staff.
Corresponding Staff	Staff corresponding on behalf of the Board will inform the Board of pertinent correspondence. HCA will also maintain a record of all such correspondence. Primary staff involved in this process will be: • Lynn Kennedy, Executive Assistant to the Administrator • Dave Wasser, Public Affairs Director • Mary Fliss, Assistant Administrator for PEBB

Public Input for the Public Employees Benefits Board

January 16, 2007

Dave Wasser, HCA Public Affairs Director

Proposed Statement of Commitment

As a public entity appointed by the Governor, the Public Employee Benefits Board actively seeks input from the public at large, and particularly from the more than 300,000 Washington residents for whom we determine benefits and program eligibility.

The Board encourages input from enrollees and the general public in the form of letters, emails, and other means of communication. In addition, the Board sets aside time during its meetings to receive public input. At all times, and in all means of communication, the Board is committed to maintaining open and respectful interaction with the public and with PEBB enrollees.

Communication Processes

- Public meetings – Time set aside during meeting
- Letters to Board – Letters and answers shared with Board
- Emails to Board – Emails dealing with Board issues will be handled like letters
- Primary corresponding staff
  - Mary Fliss, Assistant Administrator for PEBB
  - Lynn Kennedy, Executive Assistant to Administrator
  - Dave Wasser, Public Affairs Director

Next Steps

- Board approval of Statement of Commitment
- Post statement and processes on PEBB Web site

Questions / Comments?

Washington State
Health Care Authority

PEBB BOARD BY-LAWS
(January 16, 2007; new language in *italics for ease of review*)

ARTICLE I
The Board and its Members

1. Board Function—The Public Employee Benefits Board (hereinafter "the PEBB" or "Board") is created pursuant to RCW 41.05.055 within the Health Care Authority; the PEBB's function is to design and approve insurance benefit plans for State employees and school district employees.

2. Staff—Health Care Authority staff shall serve as staff to the Board.

3. Appointment—The Members of the Board shall be appointed by the Governor in accordance with RCW 41.05.055. Board members shall serve two-year terms. A Member whose term has expired but whose successor has not been appointed by the Governor may continue to serve until replaced.

4. Non-Voting Members—Until there are no less than twelve thousand school district employee subscribers enrolled with the authority for health care coverage, there shall be two non-voting Members of the Board. One non-voting Member shall be the Member who is appointed to represent an association of school employees. The second non-voting Member shall be designated by the Chair from the four Members appointed because of experience in health benefit management and cost containment.

5. Privileges of Non-Voting Members—Non-voting Members shall enjoy all the privileges of Board membership, except voting, including the right to sit with the Board, participate in discussions, and make and second motions.

6. Board Compensation—Members of the Board shall be compensated in accordance with RCW 43.03.250 and shall be reimbursed for their travel expenses while on official business in accordance with RCW 43.03.050 and 43.03.060.

ARTICLE II
Board Officers and Duties

1. Chair of the Board—The Health Care Authority Administrator shall serve as Chair of the Board and shall preside at all meetings of the Board and shall have all powers and duties conferred by law and the Board's By-laws. If the Chair cannot attend a regular or special meeting, he or she shall designate a Chair Pro-Tem to preside during such meeting.

2. Other Officers—*(reserved)*

ARTICLE III
Board Committees

(***RESERVED***)

ARTICLE IV
Board Meetings

1. Application of Open Public Meetings Act—Meetings of the Board shall be at the call of the Chair and shall be held at such time, place, and manner to efficiently carry out the Board's duties. All Board meetings, except executive sessions *as permitted by law*, shall be conducted in accordance with the Open Public Meetings Act, Chapter 42.30 RCW.

2. Regular and Special Board Meetings—The Chair shall propose an annual schedule of regular Board meetings for adoption by the Board. The schedule of regular Board meetings, and any changes to the schedule, shall be filed with the State Code Reviser's Office in accordance with RCW 42.30.075. The Chair may cancel a regular Board meeting at his or her discretion, including the lack of sufficient agenda items. The Chair may call a special meeting of the Board at any time and proper notice must be given of a special meeting as provided by the Open Public Meetings Act, RCW 42.30.

3. No Conditions for Attendance—A member of the public is not required to register his or her name or provide other information as a condition of attendance at a Board meeting.

4. Public Access—Board meetings shall be held in a location that provides reasonable access to the public including the use of accessible facilities.

5. Meeting Minutes and Agendas—The agenda for an upcoming meeting shall be made available to the Board and the interested members of the public at least 10 days prior to the meeting date or as otherwise required by the Open Public Meetings Act. Agendas may be sent by electronic mail and shall also be posted on the HCA website. Minutes summarizing the significant action of the Board shall be taken by a member of the HCA staff during the Board meeting, and an audio recording (or other generally-accepted) electronic recording shall also be made. The audio recording shall be reduced to a verbatim transcript within 30 days of the meeting and shall be made available to the public. The audio tapes shall be retained for six (6) months. After six (6) months, the written record shall become the permanent record. Summary minutes shall be provided to the Board for review and adoption at the next board meeting.

6. Attendance—Board members shall inform the Chair with as much notice as possible if unable to attend a scheduled Board meeting. Board staff preparing the minutes shall record the attendance of Board Members at the meeting for the minutes.

ARTICLE V
Meeting Procedures

1. Quorum— *A majority of the voting Members of the Board shall constitute a quorum for the transaction of business*. No final action may be taken in the absence of a quorum. The Chair may declare a meeting adjourned in the absence of a quorum necessary to transact business.

2. Order of Business—The order of business shall be determined by the agenda.

3. *Teleconference Permitted— A Member may attend a meeting in person or, by special arrangement and advance notice to the Chair, A Member may attend a meeting by telephone conference call or video conference when in-person attendance is impracticable.*

4. Public Testimony—*The Board actively seeks input from the public at large, from enrollees served by the PEBB Program, and from other interested parties. Time is generally reserved for public testimony at the end of each regular meeting. At the direction of the Chair, public testimony at board meetings may also occur in conjunction with a public hearing or with board consideration of a specific agenda item. The Chair has authority to limit the time for public testimony, including the time allotted to each speaker, depending on the time available and the number of persons wishing to speak.*

5. Motions and Resolutions—All actions of the Board shall be expressed by motion or resolution. No motion or resolution shall have effect unless passed by the affirmative votes of a majority of the Members present and eligible to vote, or in the case of a proposed amendment to the By-laws, a 2/3 majority of the Board .

6. Representing the Board's Position on an Issue—No Member of the Board may endorse or oppose an issue purporting to represent the Board or the opinion of the Board on the issue unless the majority of the Board approve of such position.

7. Manner of Voting—On motions, resolutions, or other matters a voice vote may be used. At the discretion of the chair, or upon request of a Board Member, a roll call vote may be conducted. *Proxy votes are not permitted.*

8. Parliamentary Procedure—All rules of order not provided for in these By-laws shall be determined in accordance with *the most current edition of Robert's Rules of Order [RONR]*. Board staff shall provide a copy of *Robert's Rules* at all Board meetings.

9. Civility—While engaged in Board duties, Board Members conduct shall demonstrate civility, respect and courtesy toward each other, HCA staff, and the public and shall be guided by fundamental tenets of integrity and fairness.

10. State Ethics Law—Board Members are subject to the requirements of the Ethics in Public Service Act, Chapter 42.52 RCW.

ARTICLE VI
Amendments to the By-Laws and Rules of Construction

1. Two-thirds majority required to amend—The PEBB By-laws may be amended upon a two-thirds (2/3) majority vote of the Board.

2. Liberal construction—All rules and procedures in these By-laws shall be liberally construed so that the public's health, safety and welfare shall be secured in accordance with the intents and purposes of applicable State laws and regulations.

Washington State Health Care Authority

HCA and PEBB 2007-09 BUDGET

ITEM	FTE	FUNDING
2005-07 Agency Budget	**289.4**	**$ 648,762,000**
Carry Forward Adjustments	-4.8	54,951,000
Maintenance Level Adjustments	0.0	35,293,000
2007-09 Performance Increases		
Health Record Banks Pilot Project		8,048,000
Health Information Technology Grants		1,000,000
Health Literacy	2.0	442,000
BAIAS Information Technology System	16.0	25,480,000
Agency Information Technology Infrastructure	1.0	2,883,000
Agency Knowledge and Skill Development		515,000
Puget Sound Health Alliance		2,000,000
Other Performance packages	2.5	10,225,000
Total Proposed Budget	**306.1**	**$ 789,559,000**

PEBB Funding Rate (average by fiscal year)

FISCAL YEAR	AVERAGE RATE	PERCENT CHANGE (from prior year)
FY 2004	$ 504.89	4.7
FY 2005	$ 584.58	15.8
FY 2006	$ 663.00	13.4
FY 2007	$ 684.00	3.2
FY 2008 (proposed)	$ 707.00	3.4
FY 2009 (proposed)	$ 732.00	3.5

Health Record Banks Pilot Project

The Health Information Infrastructure Advisory Board recommended that a pilot project be initiated to establish health record banks. These banks will provide a single location for health care providers to 'deposit' health care records. Client data will then be available to other providers who serve them.

Health Information Technology Grants

This funding will continue the grant program for health care providers to install health information technology systems. Funding is also provided for health information technology grants to long-term care providers serving state clients.

Health Literacy

A public-private partnership will provide grants to local community organizations to improve health care literacy. This pilot will give families the tools they need to make informed decisions about their children's health, such as when to go to the emergency room and how to take care of common illnesses.

BAIAS Information Technology Systems
The replacement of the benefit administration and insurance accounting system (BAIAS) is continued by funding Phase I and Phase II of the project in the 2007-09 Biennium. Phase I will implement the Public Employees' Benefits Board (PEBB) benefits administration and insurance accounting and Basic Health (BH) insurance accounting system. Phase II will implement system changes for benefits administration of the Basic Health Plan. The BAIAS system will allow the Health Care Authority to improve the quality of care delivered through the PEBB and BH programs and provide essential data for managing health care costs.

Agency Information Technology Infrastructure
Information technology resources for the Health Care Authority have not kept pace with the increased demands for agency performance. Funding is provided to support needed investments in security infrastructure and maintenance of network and computer systems. Investment in the new telephone infrastructure will align information technology infrastructure with performance requirements.

Agency Knowledge and Skill Development
As business requirements and performance expectations change, employees must have the necessary skills and training to perform their jobs. Funds are provided to meet the ongoing training needs for all agency employees, specific skill and education for performance improvement, and targeted development opportunities to ensure a high-performing organization.

Puget Sound Health Alliance
The Puget Sound Health Alliance (PSHA) collaborative is expanded to the entire state. Funds will expand the data warehouse to include statewide claims and performance information on state-purchased health care. Funding will also be used to support analytical resources and expand participation in clinical improvements teams for targeted disease states.

GOVERNOR CHRIS GREGOIRE



BLUE RIBBON COMMISSION ON HEALTH CARE COSTS AND ACCESS

Final Report

January 2007

COMMISSION MEMBERS

Governor Chris Gregoire, Co-Chair

Senator Pat Thibaudeau, Co-Chair

Senator Lisa Brown

Speaker Frank Chopp

Representative Eileen Cody

Senator Alex Deccio (June – September)

Steve Hill, Administrator, Health Care Authority

Representative Bill Hinkle

Insurance Commissioner Mike Kreidler

Robert Malooly, Assistant Director, Department of Labor and Industries

Senator Linda Evan Parlette

Senator Cheryl Pflug (September – December)

Doug Porter, Assistant Secretary, Department of Social and Health Services

Mary Selecky, Secretary, Department of Health

Representative John Serben

BLUE RIBBON COMMISSION ON HEALTH CARE COSTS AND ACCESS

Final Report

January 2007

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OUR CHARGE

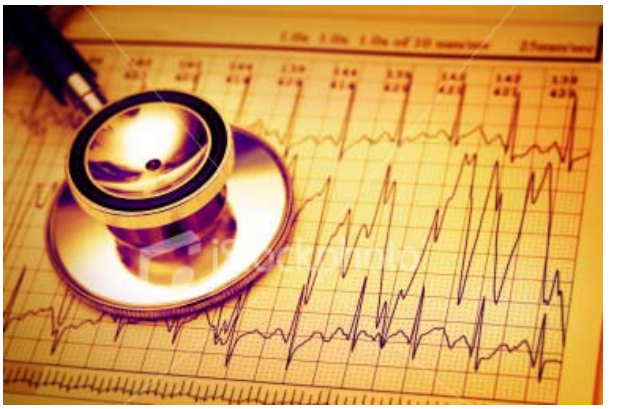
Washington's continued success as a state depends on the health of its individuals. When we are each healthy, we are collectively healthy, and with that foundation, we can improve the quality of our lives, further our economic wellbeing, and strengthen our communities. It is in our best interest to align state policies to create a health care system that optimizes the health of the population.

And yet, nationally and in Washington State, our health care system struggles. Its problems are well documented. Although most of our residents enjoy good health and easy access to care, too many others do not. A small sample of the research paints a picture of a system failing to work for everyone, and straining to provide affordable, effective care for those it does serve.

TODAY:

- There are roughly 593,000 Washingtonians without health care coverage, including 73,000 children. Young adults and employees of small businesses represent a sizeable portion of our uninsured.
- The annual increase in insurance premiums for small businesses in Washington is greater than the increase in wages or gross business income, some years by a factor of five.
- The State spends an estimated $4.5 billion on health care, up from $2.7 billion in 2000. This $2 billion increase means that the share of the state budget going to health care has increased from 22 percent in 2000 to 28 percent today.
- The United States spends more on health care than any other country, but ranks 28th in life expectancy and 37th in health system performance.
- Approximately 20 to 30 percent of current health expenditures do not improve or extend life. It is also estimated that adult patients receive the recommended care only 55 percent of the time.

Within this context, the 2006 Legislature established the **Blue Ribbon Commission on Health Care Costs and Access** and charged it with delivering a five-year plan for substantially improving access to affordable health care for all Washingtonians. Co-chaired by Governor Chris Gregoire and Senator Pat Thibaudeau, and including twelve other legislative and state agency leaders, the Commission was well-positioned to inform and guide state health policy.



A SOUND, INCLUSIVE PROCESS

Commission members recognized early on that the complexity of the problem, the varied interests at stake, and the historic partisanship surrounding the health care debate necessitated a collaborative approach. As the Governor and Senator Thibaudeau stated in their letter announcing the Commission:

> "This Commission will only be successful with the participation of groups who have first-hand knowledge of the strengths and weaknesses of our current system and what might be done to improve it."

Over the course of its nine meetings, the Commission heard from a few hundred individuals, often on behalf of their organizations. It also offered a unique opportunity for anyone to submit a written proposal. Over 70 responses were received, totaling 700 pages of detailed information and thoughtful ideas. This substantial effort indicates the level of commitment to addressing these issues in our state and made apparent that even among diverse interests, there are numerous areas of agreement.

The Commission also recognized that the how we get to a solution often matters as much as what that solution is–that a sound process provides a basis for problem-solving. Three general criteria shaped the Commission's work, including a desire that its recommendations be:

1. **Consensus-based.** sThe Commission avoided taking votes, choosing instead the more inclusive but demanding route of considering multiple perspectives. This encouraged a level of dialogue and trust not often found in recent health care discussions.
2. **Sensitive to finite resources.** The Commission understood that many purchasers, including the state, are already struggling with the cost of health care and that real solutions must go beyond simply spending more money. While this did not discount the value of strategic investments, it forced the Commission to dig deeper and focus on how to best use available funds.
3. **Meaningful to the public.** It was important to the Commission that the public benefit of its recommendations be readily apparent. This required clear and thoughtful consideration of the true impact of each proposal it considered.

The value of the Commission is not limited to this report, but includes the process followed and the information accumulated along the way. The manner in which Commission members and the public engaged over the past six months will serve as a strong foundation for ongoing work, and reaffirmed the importance of open dialogue on contentious policy issues. Everyone should also build-on the materials used by the Commission, available at its website: **http://www1.leg.wa.gov/Joint/Committees/HCCA**.

OUR VISION & GOALS

In developing its recommendations, the Commission was guided by a vision and set of goals adopted early in its deliberations. These goals were intended to stretch the members' thinking beyond the easy or obvious, and prompt consideration of how the state would measure success in addressing its most pressing health care concerns:

"In five years, we envision a system which provides every Washingtonian the ability to obtain needed health care at an affordable price:

To realize this vision, we will achieve the following goals by 2012:

- **All Washingtonians will have access to health coverage** that provides effective care by 2012, with all children having such coverage by 2010;
- Washington will be one of the **top ten healthiest states** in the nation;
- Population **health indicators will be consistent** across race, gender and income levels throughout the state;
- Increased use of evidence-based care brings **better health outcomes and satisfaction** to consumers; and
- The rate of increase in total **health care spending will be no more than the growth** in personal income."

OUR STRATEGIES & RECOMMENDATIONS

The recommendations that follow aim for boldness, for consensus, and for initiatives that meet the health care aspirations of our state. In this spirit, the Commission intended that each of its recommendations address one or more of four strategies to achieve our health care goals:

1. **Build a high-quality, high performing health care system.** We will be able to afford more care if we purchase only good care, using information and incentives to assure a system in which every dollar spent goes only towards the most appropriate, highest quality treatment delivered in the most cost-effective way. Limited resources must be directed towards those products and services that do the most to maintain and improve health. The Commission agreed that, beginning in July 2012, the State will only pay for health care that furthers these objectives.

2. **Provide affordable health insurance options for individuals and small businesses.** Access to care is often a function of being insured, meaning that affordable health insurance options are essential. This requires a competitive, accessible insurance market that provides consumers with a choice of products that fit their needs, and sustainable public programs for those whom the private market is out of reach. The Commission's recommendations envision a shared commitment and responsibility to finance insurance coverage from the state, individuals and businesses–that each have a role to play.

3. **Ensure the health of the next generation.** Improving access to affordable care for children is a high priority because healthy children learn better, grow better, and have a better chance of succeeding in life. We can ensure that the next generation is healthier and is equipped with a better health care system than our own. The Commission recognized it's about more than providing insurance, it's about tying that insurance to improved health outcomes and encouraging healthy lifestyles.

4. **Promote prevention and healthy lifestyles**. No other strategy can compare to healthy lifestyles in terms of improving health and stretching our health care dollars. The Centers for Disease Control says that of the four factors influencing human health–the others being environment, genes, and medical care–this is the most important, accounting for 51 percent of our well-being. Our bodies need exercise, good food, early detection and preventive maintenance.

These four overlapping strategies lay the foundation for the sixteen specific recommendations that follow. The Commission deliberately chose not to attach any to a specific strategy, understanding that each may support more than one, and that the strategies and specific recommendations build upon one another. Consistent with its charge, the Commission believes that these recommendations, if pursued systematically over the next five years, will lead to substantial improvements in access to affordable health care for all Washington residents.

RECOMMENDATION #1

Use state purchasing to improve health care quality.

State government will change the way it pays for health care by rewarding care that measurably improves health. Because the state provides health care to approximately 1.3 million Washingtonians and, in doing so, spends $4.5 billion per year, it can use its presence in the market to influence how health care is delivered. This will result in higher-quality, more cost-effective care for patients, both within and outside of state programs.

ACTION:

The Health Care Authority will, by September 2007, and the Health and Recovery Services Administration will, by January 2008, develop a strategic plan to change reimbursement within state health care programs to do the following. Each agency will identify barriers to and opportunities supporting plan implementation, and note the short and long-term steps to be taken.

- **Reward health outcomes** rather than simply paying for particular procedures;
- **Pay for care that reflects patient preference** and is of proven value; and require the use of evidence-based standards of care where available;
- **Tie future provider rate increases** to measurable improvements in access to quality care;
- **Direct enrollees** to quality care systems;
- **Better support primary care** and provide a medical home to all enrollees;

- **Require "informed patient choice"** rather than just "informed consent" to assure patient participation in deciding among treatment alternatives.

ACTION:

Direct savings attained through quality improvements towards providing access to care, strengthening the current delivery system, or otherwise enhancing health care in the state.

RECOMMENDATION #2

Become a leader in the prevention and management of chronic illness.

It is estimated that half of all health care costs come from just five percent of our population, generally due to chronic conditions like diabetes or heart disease. By providing Washingtonians with the resources and education they need to avoid or manage these chronic conditions, we can spread available treatment dollars further.

ACTION:

State health purchasing agencies will:

- **Integrate proven chronic care management** into all state programs;
- **Require enrollees with chronic conditions** to participate in such programs.

RECOMMENDATION #3

Provide cost and quality information for consumers and providers.

Informed shoppers are smart shoppers, whether it's purchasing a car or making decisions about health care. Health care consumers need to be engaged and have information that will help them decide what the various options for treatment are, which treatments are most effective, which providers offer the best success rates, and at what cost.

ACTION:

State health purchasing agencies will partner with the Puget Sound Health Alliance and other local organizations to:

- **Develop a sound set of measures** allowing consumers to compare provider cost and quality;
- **Develop Washington-specific information**, modeled after the Dartmouth Atlas, showing how the medical treatment a patient receives varies depending simply on where he or she lives;
- **Disseminate information** on cost-effective treatment and best practices, building on the preferred drug list and the technology assessment program.

RECOMMENDATION #4

Deliver on the promise of health information technology.

Patient safety is compromised and resources wasted when health care providers and patients lack access to health information when it's most needed. Health information technology systems will quickly provide a specialist treating a patient in Seattle with critical information from the patient's family doctor in Spokane. Washington can take a lead in developing incentives to increase the use of technology, and standards so that systems can communicate and ensure privacy.

ACTION:

Based on the recommendations of the Health Information Infrastructure Advisory Board, develop a system to provide electronic access to patient information from anywhere in the state, including incentives for providers to purchase health information technology. Subject to appropriation, implement demonstration projects in multiple sites across the state.

ACTION:

State health purchasing agencies will provide appropriate reimbursement for email consultations and telemedicine where doing so reduces the overall cost of care.

ACTION:

Install health information technology in state-owned health care facilities.

RECOMMENDATION #5

Reduce unnecessary emergency room visits.

Emergency room care is the most expensive form of health care, both for insured and uninsured patients, and should be used only when necessary. Patients should have information about and access to alternatives to emergency room care, and incentives to use them.

ACTION:

State health purchasing agencies will partner with the Washington State Hospital Association, the Washington State Medical Association, other providers, and the Association of Washington Healthcare Plans to measure and reduce unnecessary emergency room utilization. This could include demonstration projects to enhance primary care, use patient navigators, and provide nurse hotlines. Consider incentives to hospitals and other providers that demonstrate results. Strategies proven effective with state program enrollees could be extended to the general public.

RECOMMENDATION #6

Reduce health care administrative costs.

Patients and purchasers of health care should be assured that we are using our limited health care resources in ways that truly improve the health of the population. Any dollar spent on administrative overhead is a dollar not available for patient care.

ACTION:

By September 2007, the Office of the Insurance Commissioner shall provide a report to the Governor and the Legislature that identifies the key contributors to health care administrative costs and evaluates opportunities to address them. The report will be completed in collaboration with providers, carriers, state agencies, the Washington Healthcare Forum, and other organizations.

RECOMMENDATION #7

Support community organizations that promote cost-effective care.

Washington is fortunate to have many health care organizations supporting our communities at the local level. In 2006, the Legislature established the Community Health Care Collaborative Grant Program to support community organizations that offer innovative approaches to addressing our health care needs. In an example of true public-private partnership, local funding is matched with state dollars to serve patients.

ACTION:

The Health Care Authority will evaluate the effectiveness of the Community Health Care Collaborative Grant Program in improving access to high-quality, efficient health care at the local level, and build upon identified successes.

RECOMMENDATION #8

Give individuals and families more choice in selecting private insurance plans that work for them.

Washington needs a multi-pronged approach to tackle the challenges facing our uninsured population. Over half of Washington's total uninsured population consists of young adults ages 19-34. Fifty-one percent of the uninsured are adults without children. In addition, 50,000 are employees of small business who have incomes in excess of 200% of the federal poverty level. Providing these and other individuals affordable insurance options on the private market will go a long way in decreasing the number of uninsured in our state.

ACTION:

By February 1, 2007, the Office of the Insurance Commissioner, in collaboration with in-state and out-of-state insurance carriers, state health purchasing agencies, consumers, business organizations and others, shall provide a report to the Governor and the Legislature identifying the impacts and likely tradeoffs in terms of cost and coverage if state laws were modified to:

- **Allow health carriers to offer a health plan** to individuals and small businesses not subject to any provider or benefit mandates, with premiums more closely reflecting the cost of providing this particular product;
- **Allow health carriers to offer a health plan** specifically for young adults and/or children, with appropriate mandate exemptions and premiums more closely reflecting the cost of care for this age group;
- **Require health carriers who offer coverage** for dependents to extend the eligibility for that coverage to unmarried children up to age 25, retaining an employer's current option of contributing to the cost of that coverage, or allowing the employee to pay the cost in full.

ACTION:

Direct an independent study of specific mandates, rating requirements, or other statutes or regulations identified by in-state and out-of-state insurance carriers as contributing the most to the cost of individual and small group insurance to determine the impact on premiums and residents' health if those statutes or regulations were amended or repealed.

RECOMMENDATION #9

Partner with the federal government to improve coverage.

Washington's public health care programs serve as an important safety net and are often supported through a federal and state partnership. These programs provide insurance coverage to some of our most vulnerable populations. Of the 593,000 uninsured in Washington, approximately 390,000, or sixty-five percent, are in households with incomes below 200 percent of the federal poverty level and would qualify for existing subsidized programs if funding were available. Washington is well-served by working in partnership with the federal government to ensure the sustainability of these programs, and make the most effective use of state dollars, particularly in light of recent changes in federal law.

A. Modify Medicaid and the Basic Health Program to assure their sustainability and cover as many people as possible within available funds.

ACTION:

The Health and Recovery Services Administration and the Health Care Authority will work closely with the United States Department of Health and Human Services on a package to reduce the number of uninsured. In doing so, the agencies shall:

- **Take best advantage of existing state funding** for health care, including funding in the Medicaid and State Children's Health Insurance Programs, and the State's Basic Health Plan, in order to maximize available federal funding;
- **Assure the continued integrity** and viability of the State's health care programs;
- **Promote the use of private health insurance** and buy-in to employer-sponsored insurance;
- **Incorporate benefit designs** that encourage personal responsibility, healthy lifestyles and prudent treatment choices;
- **Conform their purchasing strategy** to recommendations of the Blue Ribbon Commission to promote high quality health care.

ACTION:

The Health Care Authority shall evaluate opportunities to strengthen the Basic Health Program (BHP), considering options such as:

- **Promoting high-quality, cost-effective care** that improves health outcomes;
- **Restructuring benefit design and eligibility criteria** to best serve BHP's mission.

ACTION:

Introduce legislation allowing a person to enroll in employer coverage immediately upon their eligibility for the Medicaid program. This will increase enrollment in the state's existing Employer Sponsored Insurance (ESI) program, under which Medicaid-eligible employees may use Medicaid funds to pay for employer-sponsored insurance.

RECOMMENDATION #9 (continued)

B. Support federal legislation encouraging innovative state coverage strategies.

ACTION:

Work with our federal delegation to pass health partnership legislation that encourages partnerships among the federal government, state governments, businesses, patients and health care providers to implement different state-designed approaches to achieve sustainable reform.

ACTION:

Pursue any financial or other assistance made available to the states with the passage of this legislation.

RECOMMENDATION #10

Organize the insurance market to make it more accessible to consumers.

Finding health insurance can be a challenge in our changing economy. Individuals move around a lot more than they used to. They often have more than one job. Both employers and consumers grapple with questions such as, "Will I be able to find insurance? Will I be able to pay for it? What are my options?" Washington can help connect them with the information and products that best fit their needs–bridging the best of what the public and private sector have to offer.

ACTION:

Introduce legislation that will, through a public/private partnership:

- **Allow contributions of an employee** and his or her employer(s) to be combined with a possible state subsidy to purchase insurance that neither the employee nor employer could afford on their own;
- **Maximize opportunities for employees and employers** to use pre-tax dollars to purchase insurance;
- **Offer the opportunity to pool individuals** and small business employees to negotiate better rates on their behalf;
- **Offer health coverage that moves** with a person when he or she changes jobs, including options that address the specific needs of seasonal and part-time workers;
- **Increase the number of plans** from which individuals and employees can choose;
- **Provide individuals and employees with information** to make informed decisions on benefit plans.

RECOMMENDATION #11

Address the affordability of coverage for high-cost individuals.

Those with severe, long-term or otherwise costly medical conditions pose a particular challenge when it comes to affordability of care. The Washington State Health Insurance Pool (WSHIP) was created in 1987 to serve such patients, and currently provides coverage to approximately 3,000 individuals. Many others who qualify, however, cannot afford to enroll, and the cost to cover those who are enrolled is of concern. Washington is well-served by making sure it has the best model for addressing these particular health care needs.

ACTION:

By March 1, 2007, the Office of the Insurance Commissioner shall provide a report to the Governor and the Legislature evaluating options for restructuring and improving the Washington State Health Insurance Pool (WSHIP), considering:

- **Improvements** in chronic care management;
- **Changing reimbursement** rates and plan designs;
- **Changing eligibility and subsidy** criteria.

ACTION:

Evaluate replacing WSHIP with a reinsurance program and, to the extent possible, coordinate with the Reinsurance Institute of the Robert Wood Johnson Foundation's State Coverage Initiative through the Spring of 2007.

RECOMMENDATION #12

Ensure the health of the next generation by linking insurance coverage with policies that improve children's health.

Children's health is critically important to the future of our state. Washington should follow through on its statutory commitment to ensure that all children have access to health coverage by 2010. But it's not just about children having an insurance card, but that the insurance card translates into improved health outcomes. Both the state and parents have a responsibility in adopting strategies that, taken together, measurably improve the health of the next generation.

A. Enroll all children eligible for state programs through improved outreach and marketing.

ACTION:

Beginning in January 2007, the Department of Social and Health Services will:

- **Expand outreach for children** eligible but not enrolled in state health insurance programs;
- **Partner with schools and other organizations** to provide information on private and public sector insurance options available to families;
- **Develop a marketing strategy**, including the option to re-brand existing state programs, to encourage enrollment of eligible children;
- **Create a standard application form** making it easier for parents to enroll their children in the Basic Health Plan, Children's Health Program, Medicaid and the State Children's Health Insurance Program (SCHIP).

B. Allow parents to cover their children through SCHIP.

ACTION:

In the 2007 legislative session, introduce legislation giving parents the option of purchasing health coverage for their children at full cost through the State Children's Health Insurance Program.

RECOMMENDATION #12 (continued)

C. Use state purchasing to measurably improve children's health.

ACTION:

State health purchasing agencies will:

- **Incorporate performance measures**, such as well-child services, use of a medical home, immunization, and chronic care management into state and private coverage contracts for children;
- **Link increases in payment rates** for children's services to improve performance in these measures;
- **Measure improvements** in health outcomes.

D. Encourage parental responsibility.

ACTION:

Cultivate an expectation that parents enroll children in affordable health coverage and ensure that they receive appropriate health services.

RECOMMENDATION #13

Initiate strategies to improve childhood nutrition and physical activity.

In Washington, approximately 25 percent of our youth are overweight. Nationally, the rate of childhood obesity has more than doubled from 1980 to 2000. Being overweight increases an individual's risk for developing over 35 major diseases, including type II diabetes, heart disease, and cancer, with the associated treatment costs. Healthy eating and regular physical activity can curb these trends.

ACTION:

Promote strategies related to childhood nutrition, physical activity, and the consequences of childhood obesity, considering options such as:

- **Partnering with local public health**, providers, schools and other organizations, such as the Washington Health Foundation, to increase public awareness;
- **Introducing legislation** to encourage nutritious food options and physical activity for students in K-12 education.

RECOMMENDATION #14

Pilot a health literacy program for parents and children.

As a parent, particularly a new parent, it can be overwhelming when a child gets sick. Parents should have the information and tools they need to guide them through these moments. A recent California pilot program showed a 41 percent drop in missed school days and a 48 percent drop in unnecessary emergency room visits after parents received training about what to do when their child gets sick.

ACTION:

Subject to appropriation, the Health Care Authority will partner with other state agencies and local organizations to implement a demonstration project that helps families make more informed decisions about their children's health care.

RECOMMENDATION #15

Strengthen the public health system.

A strong public health system, with its statewide focus on prevention and health promotion, can keep us all healthier, reducing the need and demand for costly medical treatment. This allows available treatment dollars to be spread further.

ACTION:

Subject to appropriation, invest in public health funding strategies that are accountable for improved health outcomes, based on the recommendations of the Joint Select Committee on Public Health Financing.

RECOMMENDATION #16

Integrate prevention and health promotion into state health programs.

State health programs must do more than simply pay for health care when the need arises. They must actively encourage enrollees to be responsible for their own well-being, and seek innovative ways to reduce the frequency and cost of medical interventions.

ACTION:

By September 2007, the Department of Health, the Health Care Authority, the Department of Labor and Industries and the Health and Recovery Services Administration will develop a strategic plan to do the following. The agencies will identify barriers to and opportunities supporting plan implementation, and note short and long-term steps to be taken.

- **Structure benefits and reimbursements** in all state insurance programs to promote healthy choices and disease and accident prevention;
- **Require enrollees in the Basic Health Plan** to complete a health assessment, and provide appropriate follow-up;
- **Reimburse cost-effective prevention activities** within the Medicaid fee-for-service and the Uniform Medical Plan;

- **Develop prevention and health promotion contracting standards** through the Public Employees Benefit Board (PEBB), the BHP and Medicaid Healthy Options;
- **Strengthen the state's employee wellness program** in partnership with the state's Health & Productivity Committee.

ACTION:

Support primary care and reward providers for effective prevention services.

A PATH FORWARD

The Commission's recommendations set a foundation for more work ahead. It did not intend that they encompass the universe of ideas that the Governor or the Legislature will consider to address our state's health care challenges. ather, they serve as a starting point. Our challenge now is to transition from an interim of a good conversation to results that are meaningful to all Washingtonians.

How will we know we are succeeding? Government must be accountable for results and evaluate its success using concrete measures. Over the past six months, the Commission set forth ambitious goals and then tied them to doable, achievable action steps. It also considered a list of potential measures, available on its website, to serve as a starting point for assessing progress towards these goals.

The Commission's work now transitions to the 2007 legislative session. Starting in January, the Governor, the Legislature and all those dedicated to health care should use their collective wisdom to build upon these recommendations and take important next steps to improve the health of our population. It is the Commission's sincere hope that, by using its work as a foundation, Washington will prove successful in providing higher-quality, more affordable care to more people.

LET'S GET TO WORK!

Open Enrollment Plan Changes - by Subscriber

~ Open enrollment for plan year 2007 ~

(as of 1/5/07 switching report)

Active and Retirees

Carriers	Subscribers Enrolled		Change	
	2006	2007	Number	Percent
Group Health Classic	46,720	41,774	(4,946)	-11%
Group Health Value	0	11,666	11,666	n/a
Community Health Plan Classic	4,539	4,133	(406)	-9%
Kaiser Classic	3,637	3,483	(154)	-4%
Kaiser Value	0	229	229	n/a
Regence Classic	6,736	8,685	1,949	29%
Secure Horizons Classic (Pacificare)	7,739	2,562	(5,177)	-67%
Secure Horizons Value	0	108	108	n/a
Uniform Medical Plan	86,878	91,424	4,546	5%
Premera BC Plan J w/ Rx	2,180	1,960	(220)	-10%
Premera BC Plan J w/out Rx	2,115	2,336	221	10%
Premera BC Plan E	1,995	1,954	(41)	-2%
Total Subscribers	**162,539**	**170,314**		

PEBB Domestic Partner Eligibility

- History: The PEBB Board considered full Domestic Partner (DP) coverage in 1996. Board adopted same sex DP only January 2001.
- 2006 legislature passed ESHB 2661 barring discrimination based on sexual orientation and gender identity.
- Eligibility options:
  - Offer benefits to all DPs legally barred from marriage.
  - Offer benefits to all opposite sex domestic partners.
  - No change.

Considerations

- Employment Practices on Domestic Partner Benefits
- Financial Implications
- Recruitment and Retention of Employees
- Legal Issues
- PEBB Implementation

Employment Practices on DP Benefits

- 13 states offer DP benefits. 9 added those benefits since 2000.
- Of the states with DP benefits, 5 offer same sex DP only.
- 53% of Fortune 500 companies provide DP benefits in 2006. More than half added those benefits since 2000.
- Of the Fortune 500 companies with DP benefits, 44% offer same sex DP only.

Financial Implications

- 2400 opposite sex DP and children may enroll, costing $15.7 million per year (Mercer estimate to expand eligibility to cover all opposite sex DPs.).
- Society for Human Resource Management (SHRM) survey of employers providing DP benefits report a 1% total increase in benefits cost. Mercer estimates 0.75% PEBB increase.
- Modify Pay1 system to administer DP benefits, if possible.

Recruitment and Retention of Employees

- The State does not have data on DP benefits effect on state recruitment and retention.
- Recruitment and retention was the chief reason most employers cited for offering DP benefits (SHRM).

Legal Issues

- Equal Protection--Different treatment for similarly situated workers?
- Domestic Partner is not currently defined in statute or rule.
- Federal Law--Does the current rule violate federal anti-discrimination laws ?[Title VII of the Civil Rights Act of 1964 and the Equal Pay Act]
- State Law--Does the current rule violate the sexual orientation discrimination statute or result in disparate treatment? [RCW 49.60.180]

PEBB Implementation

- Rule defining eligible dependents amended, deleting “same-sex” from domestic partner language and including criteria to define recognized domestic partnerships.
- Other PEBB rules would be amended to align with the eligible dependent definition.
- Declaration for Marriage and Same-Sex Domestic Partnership form similarly amended.

Declaration of Marriage or Domestic Partnership

DRAFT

Washington State Health Care Authority
Public Employees Benefits Board

Section 1: Spouse

I, _____ (Print Subscriber's Name), certify that _____ (Print Spouse's Name) and I were legally married on _____/_____/_____ (month / day / year).

Section 2: Domestic partner

I, _____ (Print Subscriber's Name), certify that _____ (Print Domestic Partner's Name) and I established a domestic partnership beginning _____/_____/_____ (month / day / year) and we meet the following criteria for a domestic partnership:

1. We have a close personal relationship in lieu of a lawful marriage.
2. We are not married to anyone.
3. We are each other's sole domestic partner and are responsible for each other's common welfare.
4. We are domestic partners who are barred from a lawful marriage.

Subscribers are advised to consult an attorney regarding the possibility that the filing of this declaration may have other legal and/or financial consequences, including the fact that it may, in the event of the termination of the domestic partnership, be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for the purposes of establishing and dividing community property, assigning community debt, and for the payment of support.

Section 3: Signature (required)

It is understood that:

- Subscribers may add a new spouse or qualified domestic partner within 60 days or marriage or establishment of a qualified domestic partnership, or during a special or annual open enrollment period.
- This declaration shall be terminated upon death of the spouse or domestic partner or by change of circumstance attested to in this declaration.
- Employees will notify their personnel, payroll, or benefits office, and retirees and Consolidated Omnibus Budget Reconciliation Act (COBRA)/self-pay members will notify the Health Care Authority at 1-800-200-1004, if the marriage has dissolved or the domestic partnership no longer meets all of the criteria attested to in this declaration within 60 days of a change.

We declare, under penalty of perjury, that the foregoing information provided by us is true and correct and that all provisions of this statement have been met. Washington State law may require disclosure of any information you submit as a public record. The Health Care Authority's Privacy Notice is available upon request by calling 360-923-2822 or online at **www.hca.wa.gov**.

_____ Subscriber's Signature	_____ - _____ Social Security Number	_____ Date
_____ Spouse or Domestic Partner's Signature	_____ - _____ Social Security Number	_____ Date

Agency use only	Agency	Subagency

WAC 182-12-260 Eligible dependents defined. The following are eligible as dependents under the PEBB eligibility rules:

(1) Lawful spouse.

(2) ~~A same sex domestic~~ Domestic partner qualified through the declaration certificate issued by PEBB in a domestic partnership that meets all of the following criteria:~~.~~

(a) Partners have a close personal relationship in lieu of a lawful marriage;

(b) Partners are not married to anyone;

(c) Partners are each other's sole domestic partner and are responsible for each other's common welfare; and

(d) Partners are barred from a lawful marriage.

(3) Dependent children through age nineteen. The term "children" includes the subscriber's biological children, stepchildren, legally adopted children, children for whom the subscriber has assumed a legal obligation for total or partial support of a child in anticipation of adoption of the child, children of the subscriber's qualified ~~same sex~~ domestic partner, or children specified in a court order or divorce decree. Married children who qualify as dependents of the subscriber under the Internal Revenue Code, and extended dependents approved by PEBB are included. To qualify for PEBB approval, the subscriber must demonstrate legal custody for the child with a court order, and the child:

(a) Must be living with the subscriber in a parent-child relationship; and

(b) Must not be a foster child for whom support payments are made to the subscriber through the state department of social and health services (DSHS) foster care program.

(4) Dependent children age twenty through age twenty-three and who are registered students at an accredited secondary school, college, university, vocational school, or school of nursing.

(a) Dependent student coverage begins the first day of the month in which the quarter/semester for which the dependent is registered begins and ends the last day of the month in which the dependent stops attending or in which the quarter/semester ends, whichever is first, except that dependent student eligibility continues year-round for those who attend three of the four school quarters or two semesters.

(b) Dependent student coverage continues during the three month period following graduation provided the subscriber is covered, at the same time, the dependent has not reached age twenty-four, and the dependent meets all other eligibility requirements.

(5) Dependent children of any age with disabilities,

developmental disabilities, mental illness or mental retardation who are incapable of self-support, provided such condition occurs prior to age twenty or during the time the dependent was eligible as a student under subsection (4) of this section. The subscriber must provide proof that such disability occurred prior to the dependent's attainment of age twenty or during the time the dependent satisfies eligibility for student coverage under subsection (4) of this section, and as periodically requested thereafter by the PEBB program.

(a) The subscriber must notify the PEBB program, in writing, no later than sixty days after the date that a dependent child age twenty or older no longer qualifies under this subsection.

(i) For example, children who become self-supporting are not eligible under this rule as of the last day of the month in which they become capable of self-support. The dependent may be eligible to continue PEBB coverage under provisions of WAC 182-12-270.

(ii) Children age twenty and older that become capable of self-support do not regain eligibility under subsection (5) of this section if they later become incapable of self-support.

(6) Dependent parents.

(a) Dependent parents covered under a PEBB medical plan before July 1, 1990, may continue enrollment on a self-pay basis as long as:

(i) The parent maintains continuous coverage in PEBB sponsored medical coverage;

(ii) The parent qualifies under the Internal Revenue Code as a dependent of an eligible subscriber;

(iii) The subscriber who claimed the parent as a dependent continues enrollment in PEBB insurance coverage; and

(iv) The parent is not covered by any other group medical coverage.

(b) Dependent parents that are eligible under (a) of this subsection may be enrolled with a different health carrier than that selected by the eligible subscriber; however, dependent parents may not add additional dependents to their coverage.

(7) The enrollee must notify the PEBB program, in writing, no later than sixty days after the date that a dependent no longer qualifies under subsection (1), (2), (3), (4) or (6) of this section. The subscriber must notify the PEBB program in writing no later than sixty days after the date a dependent no longer qualifies under subsection (5) of this section. A PEBB continuation of coverage election notice will only be available if the PEBB program is notified in writing within the sixty-day period.

Public Employees Benefits Board

January 16, 2007 Meeting

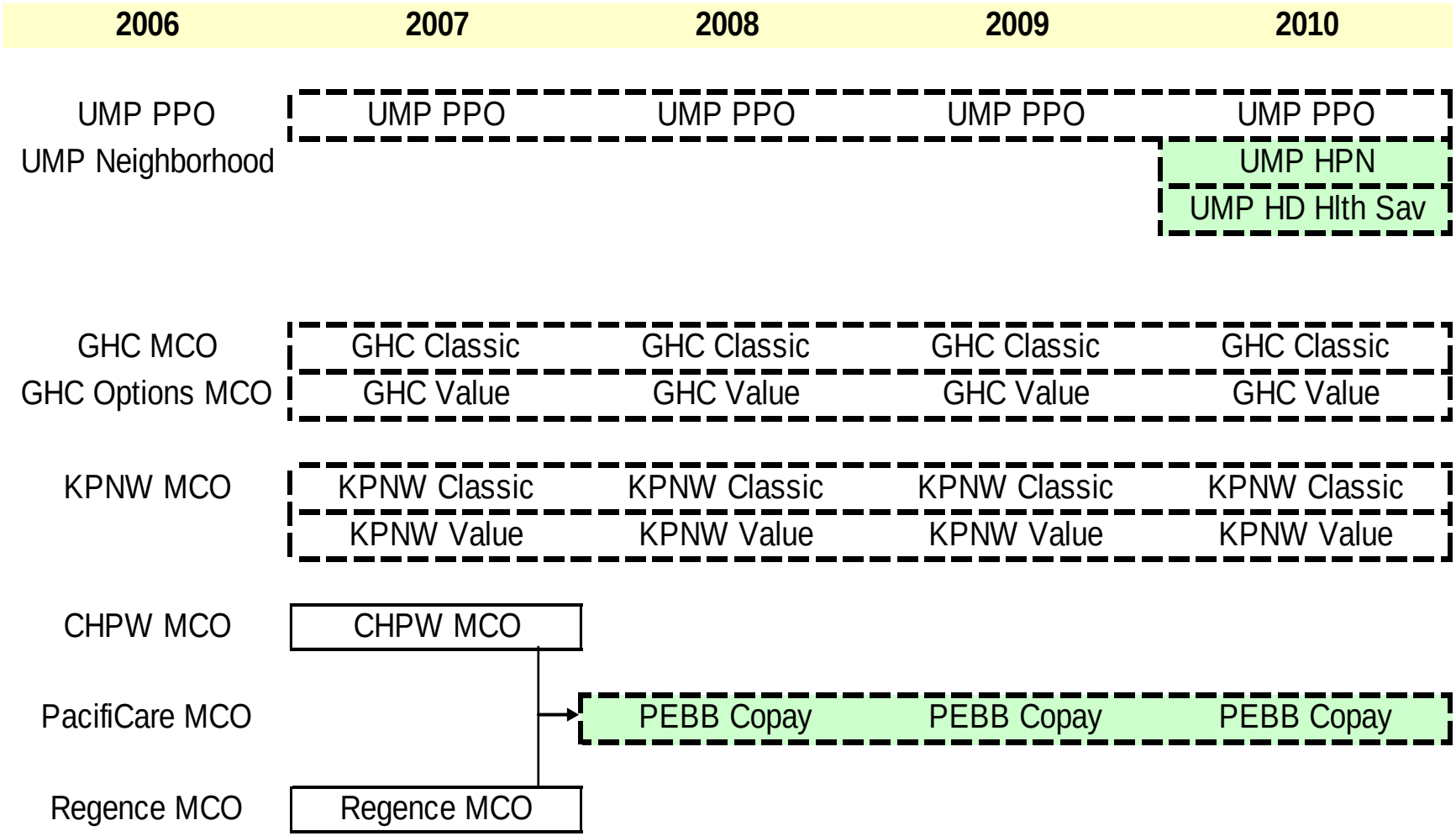
Procurement Update

Barney Speight & Elin Meyer

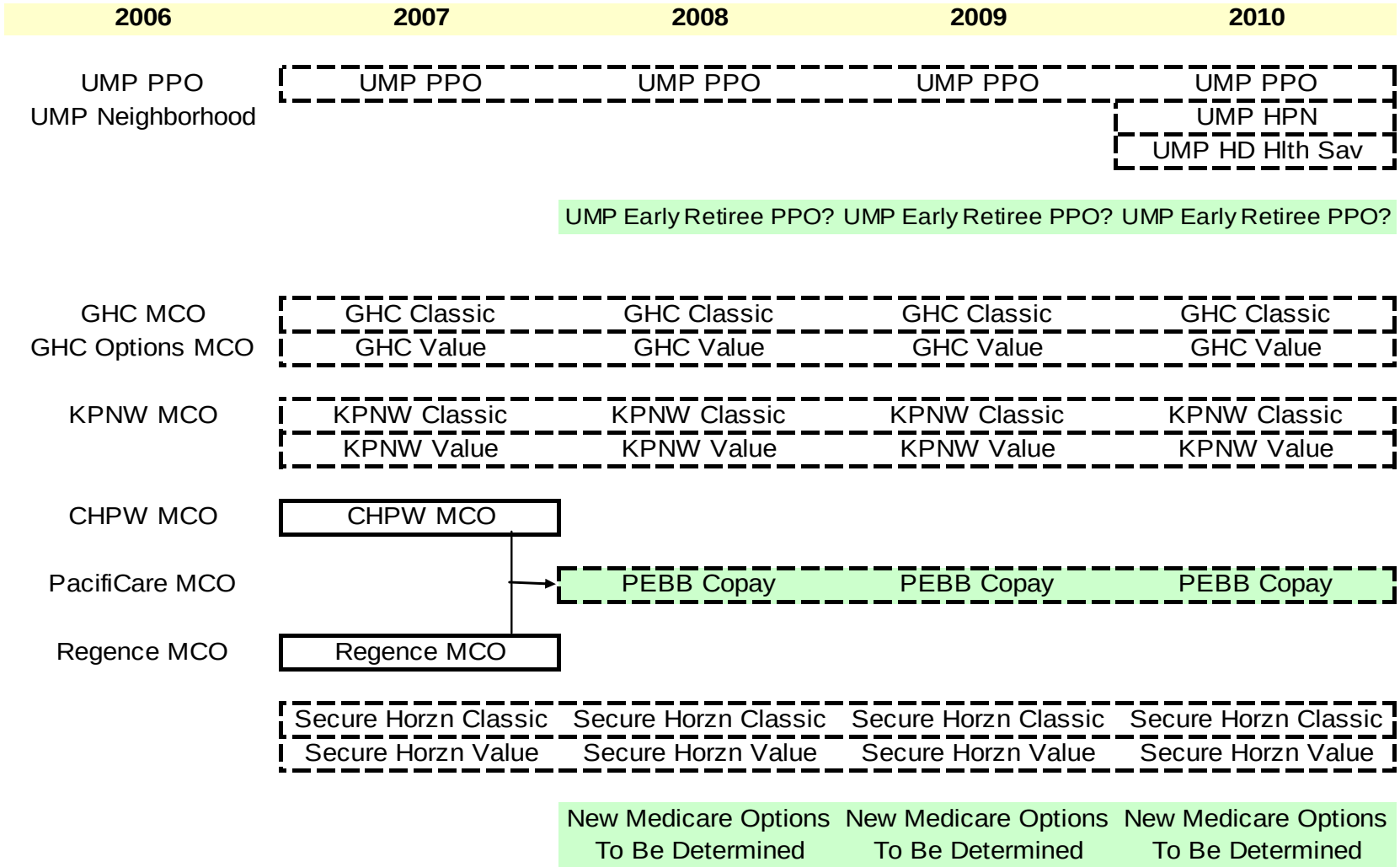
PEBB Procurement Goals:

- Stay within fiscal limits set by the Legislature; reduce future cost trends
- Improve access to an affordable choice of health plans for employees and retirees
- Design benefits that encourage enrollees to:
  - Improve their health
  - Seek higher quality and more efficient care
- Maintain benefits that compare well with other quality employers in the State of Washington

The Long View: Health Plans for Actives



The Long View: Health Plans for Retirees



A. Medical – Dental Plans

- Evaluate self-insured PEBB Copay plan to replace select MCO plans
- RFP for disease/care management vendor for UMP
- RFP for Managed Dental plans

B. Early Retirees (pre-Medicare)

- Develop recommendation for Early Retiree Only medical plan(s)
  - Modify cost sharing to reduce premium by ~ 25%
  - Assess statutory and operational feasibility

C. Retiree Life Insurance Benefit

- Develop recommendation for retiree life insurance benefit
  - Enrolled in optional or supplemental life
  - Self-pay
  - Annual reduction schedule

D. Retiree Dental Only Option

- Conduct feasibility study
  - Terms and conditions of eligibility
  - Underwriting risk and risk mitigation policies
  - Operational timeline
    - After Managed Dental RFP
    - PEBB Operations
    - BAIAS

E. Medicare Work Group

- Standing Work Group within HCA
  - PEBB Operations, Policy, UMP, Procurement
  - Review Medicare marketplace
    - Benefit Designs
    - CMS approved carriers, service areas
  - Develop recommendations to improve plan choices for Medicare retirees
    - Range of price points

F. Other

- Certificates of Coverage
  - Review for consistency, clarity and readability
  - Certificates for insured plans meet OIC regulatory standards
  - Review business processes (content development, accountability, production, etc.)

2007 Tentative Board Procurement Agenda

February 13

- 3-Year Benefits Purchasing Strategy
- Dental Procurement Overview
- Revised Domestic Partner Eligibility

March 13

- Medical Procurement Overview
- Retiree Benefits

May 23

- Annual Rule Making

June 27

- Procurement Results and Staff Recommendations

July 10

- Board Action: Benefits, Eligibility and Premiums

Washington State Health Care Authority

PEBB Meeting Schedule 2007

Working Lunch or Executive Session:	11:15 a.m. - 12:45 p.m.
Public Meeting:	1:00 p.m. - 3:00 p.m.

Proposed Dates:

January 16, 2007

February 13, 2007

March 13, 2007

April 17, 2007

May 23, 2007

June 27, 2007

July 10, 2007

**July 17, 2007*

**July 24, 2007*

October 16, 2007 – Board Retreat

**tentative meeting dates during procurement*